



CALIFORNIA STATE ATHLETIC COMMISSION

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REQUEST TO HOLD EVENT

PROMOTER:	LICENSE NO.:
DATE/TIME OF THIS REQUEST:	DATE/DAY OF WEEK OF PROPOSED EVENT:
VENUE OF PROPOSED EVENT:	START TIME:
TELEVISION COVERAGE/NETWORK:	CHAMPIONSHIP BOUT(S)? IF YES, GIVE DETAILS.
SANCTIONING BODY/REPRESENTATIVE:	PARTICIPANTS OF CHAMPIONSHIP BOUT:
MAIN EVENT:	NAME/CONTACT NUMBER FOR THIS EVENT:
MATCHMAKER (SEE DECLARATION BELOW):	LICENSE NO.:
WEIGH-IN SITE:	ADDITIONAL INFORMATION:

FULL DISCLOSURE:

Is there any person or business entity, other than the licensed promoter of record for the proposed live event, that will receive revenues or other compensation from the sale of tickets or from the sale of souvenirs, programs, broadcast rights, or any other concessions in conjunction with the promotion of the program of matches? ☐ **YES** ☐ **NO**

If YES, Please include copies of contractual arrangements. If YES, please provide complete details to include Name, Address, Telephone Number and Anticipated Revenue Source (ticket sales, television rights, concessions, etc.) (Use additional sheet if necessary.)

NAME:	NAME:
ADDRESS:	ADDRESS:
TELEPHONE NO.:	TELEPHONE NO.:
ANTICIPATED SOURCE OF REVENUE:	ANTICIPATED SOURCE OF REVENUE: